PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/801,183 03/17/2004 Joseph Buttigieg 01020US 1635 TITLE OF INVENTION: MOLD ASSEMBLY						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/23/2006
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS	]		
LUK, EMMANUEL S 1722 425-190000						
. Change of correspondence IFR 1.363).  Change of correspon Address form PTO/SB/I  "Fee Address" indice PTO/SB/47; Rev 03-02 Number is required.	dence address (or Cha 122) attached. ation (or "Fee Address	ange of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  D-M-E Company  Madison Heights, MI 48071						
lease check the appropriat	e assignee category or	categories (will not be p	printed on the patent):	Individual 🖾 Corporati	on or other private grou	p entity Government
a. The following fee(s) are submitted:    Size   Fee   A check is enclosed.   Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)    A check is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2025 (enclose an extra copy of this form).						
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